

## GIC Health Plan Rates

### MONTHLY RATES AS OF JULY 1, 2021 FOR THE TOWN OF ARLINGTON ENROLLEES

#### Active Employees and Retirees without Medicare\*\* (Includes Public Safety-Police/Fire)

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care	15%	95.60	241.72
Fallon Health Select Care	15%	129.44	315.08
Harvard Pilgrim Independence Plan	20%	192.84	471.20
Harvard Pilgrim Primary Choice Plan	15%	104.68	267.28
Health New England	15%	94.52	225.64
Allways Health Partners	15%	115.16	300.84
Tufts Health Plan Navigator	20%	167.32	409.16
Tufts Health Plan Spirit	15%	95.80	231.28
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	301.04	668.52
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	285.88	634.00
UniCare State Indemnity Plan/Community Choice	20%	118.76	295.16
UniCare State Indemnity Plan/PLUS	20%	156.36	373.32

#### Retirees with Medicare

	<b>Retiree</b> Retiree Pays Monthly Per Person	
<b>Health Plan</b>	<b>%</b>	<b>\$</b>
Harvard Pilgrim Medicare Enhance	25%	103.32
Health New England MedPlus	25%	103.52
Tufts Health Plan Medicare Complement	25%	98.12
Tufts Health Plan Medicare Preferred*	15%	49.88
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	25%	102.20
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	25%	99.28

\*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2022.

\*\*THESE RATES APPLY TO RETIREES OF THE TOWN OF ARLINGTON WITH A HIRE DATE BEFORE 12/1/2011. FOR RETIREES HIRED ON OR AFTER 12/1/2011, RATES ARE 25% ACROSS THE BOARD.

*Rates are calculated by the Town of Arlington Human Resources Department*

**RATE QUESTIONS?  
CALL: 781-316-3120**

## GIC Health Plan Rates

### MONTHLY RATES AS OF JULY 1, 2021 FOR THE TOWN OF ARLINGTON ENROLLEES

#### Survivors without Medicare

	Survivor Pays Monthly %	Survivor Pays Monthly \$	Survivor Pays Monthly \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care	50%	318.76	805.85
Fallon Health Select Care	50%	431.49	1,050.29
Harvard Pilgrim Independence Plan	50%	482.13	1,178.06
Harvard Pilgrim Primary Choice Plan	50%	348.97	890.98
Health New England	50%	315.16	752.22
Allways Health Partners	50%	383.98	1,002.84
Tufts Health Plan Navigator	50%	418.32	1,022.96
Tufts Health Plan Spirit	50%	319.36	770.95
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	50%	602.08	1,337.05
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	50%	571.78	1,268.07
UniCare State Indemnity Plan/Community Choice	50%	296.91	737.92
UniCare State Indemnity Plan/PLUS	50%	390.99	933.36

#### Survivors with Medicare

	<b>Survivor</b> Survivor Pays Monthly Per Person	
<b>Health Plan</b>	%	
Harvard Pilgrim Medicare Enhance	50%	206.71
Health New England MedPlus	50%	207.09
Tufts Health Plan Medicare Complement	50%	196.29
Tufts Health Plan Medicare Preferred*	50%	166.35
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	50%	204.42
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	50%	198.56

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**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2021**  
**FOR THE TOWN OF ARLINGTON ENROLLEES HIRED *on or after* 12/1/11**

**Active Employees and Retirees without Medicare**  
**(Includes Public Safety-Police/Fire)**

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care	25%	159.36	402.92
Fallon Health Select Care	25%	215.72	525.12
Harvard Pilgrim Independence Plan	25%	241.04	589.00
Harvard Pilgrim Primary Choice Plan	25%	174.48	445.48
Health New England	25%	157.56	376.08
Allways Health Partners	25%	191.96	501.40
Tufts Health Plan Navigator	25%	209.16	511.48
Tufts Health Plan Spirit	25%	159.68	385.44
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	301.04	668.52
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	285.88	634.00
UniCare State Indemnity Plan/Community Choice	25%	148.44	368.96
UniCare State Indemnity Plan/PLUS	25%	195.48	466.68

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